

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039434

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 99

DO NOT WRITE
ON THIS STUD

AMENDED

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE MO b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) Salem (Intant)		c. CITY OR TOWN Blend	
c. FULL NAME OF (If NOT in hospital, give location) Hert Hospital		d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Gail Dawn Oliver			4. DATE OF DEATH Month Day Year Oct 29-1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 29-63	9. AGE (last birthday) 0	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and state or country) Salem-Mo		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Gordon Oliver		13b. MOTHER'S MAIDEN NAME Sharon Lett		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Gordon Oliver - Blend-Mo	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mongoloid idiot, premature		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Salem, Missouri	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 10-29-63 to 10-29-63 and last saw her alive on 10-29-63 Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Alice S. Crook M. D.		22b. ADDRESS Salem, Missouri		22c. DATE SIGNED 10-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10-30-63	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery - Blend-Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR C. S. Jones		25. DATE REQ. BY LOCAL REG. 10-30-63		26. REGISTRAR'S SIGNATURE M. M. Black M. A. Lyane	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by (NOT Embalmed) Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Cherita Cassman

Licensed Embalmer No. 4128

P. O. Address Bleno - MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.